

## **Section 900.00 – FORMS**

The following forms are included in this manual.

- [ITD-2760](#), Request for Consultant Services
- [ITD-2112](#), Supplemental Agreement Authorization Request w/instructions
- [ITD-1414](#), Project Program Entry or Revision
- [ITD-2101](#), Project Authorization and Agreement
- [ITD-2210](#), Board Agenda Item
- [ITD-771](#), Professional Agreement Invoice and Progress Report
- [ITD-2759](#), Consultant Services Performance Evaluation
- [Professional Service Agreements Handbook Change Request](#)

## Request For Consultant Services



**Send completed form to the Consultant Administration Unit of the Roadway Design Section for processing**

Project Name			Key Number	Project Number	Fiscal Year	District
Local Sponsor (if applicable)		Local Sponsor Contact Name			Phone Number ( 208 )	
Reason For Requesting Consultant Services <input type="checkbox"/> Special expertise required <input type="checkbox"/> Consultant services needed to meet project schedule			Project Type <input type="checkbox"/> ITD <input type="checkbox"/> Local State/Local Agreement Executed (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Full Federal Oversight Project <input type="checkbox"/> Yes <input type="checkbox"/> No Utility/RR Coordination and/or Involvement Needed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimated Time to Perform Services Months	Estimated Cost of Services \$	Estimated Construction Cost \$	Obligated/ Available Funding* \$	* If amount entered is \$0, in the Summary of Work Required section, please explain resources you're exploring to obtain funding.		
Provide Summary of Work Required						
Agreement Administrator					Phone Number ( 208 )	
Requested by			Title		Date	

**This part shall be completed by the Consultant Administration Unit of the Roadway Design Section**

Type of Agreement Recommended		PATS Request Number
<input type="checkbox"/> 1. Services to be performed under an existing term agreement. <input type="checkbox"/> 2. Individual project solicitation and consultant selection. (Attach Selection Committee List) <input type="checkbox"/> 3. Local project less than \$250,000 <input type="checkbox"/> 4. Noncompetitive selection <input type="checkbox"/> a. The service is available only from a single source. <input type="checkbox"/> b. There is an emergency that will not permit the time necessary to conduct competitive negotiations. <input type="checkbox"/> c. After solicitation of a number of sources, competition is determined inadequate. <input type="checkbox"/> 5. Minor agreement procedures.		
Recommended Consultant For Items 1, 3, 4 or 5		Board Agenda Item Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinated by Consultant Administration Unit		Date
Concurrence (if applicable) by Environmental Manager		Date
Reviewed by Roadway Design Engineer		Date
Approved by Assistant Chief Engineer (Development)		Date

# SUPPLEMENTAL AGREEMENT AUTHORIZATION REQUEST

TD-2112  
8-99

**SUPPLEMENTAL AGREEMENT NO.:**

PROJECT NAME: \_\_\_\_\_

PROJECT NO.: \_\_\_\_\_

KEY NO.: \_\_\_\_\_

SHEET \_\_ OF \_\_

WORK AUTHORIZATION NO.: \_\_\_\_\_ AGREEMENT NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

CONSULTANT: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

See instructions on page 2.

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Original Agreement Amount:

Current Agreement Amount:

(Includes all approved supplemental agreements to date)

**PROVIDE EXPLANATION OF NEED FOR SUPPLEMENTAL AGREEMENT**

**EXPLAIN HOW THIS WORK IS OUTSIDE THE SCOPE OF THE ORIGINAL AGREEMENT**

**PROVIDE A SHORT DESCRIPTION OF THE SCOPE OF WORK TO BE  
NEGOTIATED UNDER THIS SUPPLEMENTAL AGREEMENT**

Work on This Change is Expected to Start on : \_\_\_\_\_

Estimated Dollar Amount Of Supplemental Agreement: \_\_\_\_\_ Percent Increase: \_\_\_\_\_

Recommended By: \_\_\_\_\_

Title: \_\_\_\_\_

Authorization Level: District Engineer (<\$25,000 < 10% increase) Signature: \_\_\_\_\_

Date Negotiated Scope of Work & Man-Day Estimates will be submitted to Roadway Design: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM 2112

1. **Original Agreement Amount** – This is the not-to-exceed amount negotiated plus the additional services of the original agreement.
2. **Current Agreement Amount** - This is the Original Agreement Amount plus all previously approved supplemental agreements as of the date of this request. Do not include the amount of this request in this total.
3. **Explanation of need for supplemental agreement** – List and explain the events that led to the need for a supplemental agreement.
4. **Explanation of out of scope** – Provide an explanation as to why this work is not in the original scope. Reference the portions of the detailed scope of work where this work would normally be found. Explain how the detailed scope of work does not cover this change.
5. **Description of work** – Provide a short description of the scope of the supplemental agreement which will be negotiated upon approval of this change.
6. **Work on This Change is Expected to Start on** - This is the date that this change in scope of work will begin. NO WORK MAY BEGIN ON THE CHANGE UNTIL THE SUPPLEMENTAL AGREEMENT HAS BEEN NEGOTIATED AND A PSA FOR THE ADDITIONAL WORK HAS BEEN ISSUED.
7. **Estimated Dollar Amount of Supplemental Agreement** - The dollar amount the Agreement Administrator estimates from his/her independent man-day estimate for the supplemental agreement.
8. **Percent Increase** – This is the percent increase of the original agreement dollar amount.
9. **Authorization Level** – Choose the Authorizing Authority from the table below:

<\$25,000 & <10% increase	District Engineer or Section Head
>\$25,000 & <\$50,000 & <10% increase	Consultant Administration Engineer
>\$50,000 & <\$100,000	Roadway Design Engineer
>\$100,000 & <\$1,000,000	Chief Engineer/Assistant Chief Eng.
>\$1,000,000 (including original Agreement)	Idaho Transportation Board

If the % increase is higher than those shown above, then the authorizing authority will be the next level.
10. **Recommended by** - Name of person recommending the supplemental agreement. This would typically be the Agreement Administrator or any higher authority involved with the agreement.
11. **Title** - Show the title of the recommending party.
12. **Date negotiated scope and ...** - This is the date that the Agreement Administrator will provide to the Consultant Administration Engineer the negotiated scope of work and cost estimate for the supplemental, including the independent man-day estimate prepared by the Agreement Administrator and the man-day estimate prepared by the consultant.

# PROJECT PROGRAM ENTRY OR REVISION

ITD Board

Approved \_\_\_\_\_



Date		Highway No.		FA Route No.		District		Key No.	
<b>PREVIOUSLY APPROVED</b> [Amounts in thousands of dollar (\$000)]									
Fiscal Year		Project #		Project Name					
Segment Code		# of Lanes		Cost per km/M		Type of Work			
Beg. km/MP		End km/MP		Length					
Subclasses									
	Fund:		Fund:		Fund:		Fund:		Year
	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.
Prev.									
1998									
1999									
2000									
2001									
2002									
Prel.									
TOTAL									
Total PE		Total RW		Total Const.		Project Lifetime Total			
<b>INITIAL REQUEST OR REQUESTED REVISION</b> [Amounts in thousands of dollar (\$000)]									
Fiscal Year		Project #		Project Name					
Segment Code		# of Lanes		Cost per km/M		Type of Work			
Beg. km/MP		End km/MP		Length					
Subclasses									
	Fund:		Fund:		Fund:		Fund:		Year
	PE	RW	Const.	PE	RW	Const.	PE	RW	Const.
Prev.									
1998									
1999									
2000									
2001									
2002									
Prel.									
TOTAL									
Total PE		Total RW		Total Const.		Project Lifetime Total			
Estimate prepared by:		Date		Recommended for approval:		Date			
Approved		Not Approved							
Project Action			Signature, Roadway Design Engineer				Date		
Approved		Not Approved							
Project Action			Signature, Assistant Chief Engineer (Development)				Date		
Approved		Not Approved							
Project Action			Signature, Chief Engineer				Date		
COMPKEY		COUNTY		Circle M	<input type="checkbox"/> Yes				
SPONSOR					BR NUMBER				
COMMENTS									
Routing	<input type="checkbox"/> District <input type="checkbox"/> Roadway Design (2) <input type="checkbox"/> Environmental <input type="checkbox"/> Financial Services <input type="checkbox"/> Traffic <input type="checkbox"/> Planning Div. <input type="checkbox"/> Bridge Design <input type="checkbox"/> Bridge Inspection <input type="checkbox"/> Right of Way <input type="checkbox"/> Roadway Design (L/R) <input type="checkbox"/> Public Transportation Div.								

ITD-1414 HISTORY: RECORD OF INITIAL PROGRAMMING AND ALL REVISIONS		
DATE (MO./YR.)	AMOUNT	COMMENTS OR MAJOR CHANGE REFERENCE
1.		Initial Programming (First ITD-1414)
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
OTHER COMMENTS:		
DISTRICT COMMENTS OR PROJECT BENEFIT CHANGES:		



ITD 02101 (Rev. 3/01)  
(For Building and Yard Projects, use ITD 02906)

# PROJECT AUTHORIZATION AND AGREEMENT

Printed on: 10/22/2002

Project Tracking Report

<b>KEY</b>	8316	<b>WA</b>	T021550	<b>Project Number</b>	CM-0900(121)	<b>Original</b>	<b>Modification</b>	X				
				<b>Urbanized</b>	U	<b>STD Code</b>	72100 C	<b>Hwy Type</b>	L	<b>System</b>	Z	
<b>District:</b>	1	<b>Budget Code</b>	623190	<b>Location</b>	OFFSYS, LINCOLN AVE, SANDPOINT							
<b>Auth. Yr.</b>	2003	<b>Inventory Route No.</b>	OFFSYS0	<b>Beg MP</b>	000.000	<b>End MP</b>	000.000	<b>Length</b>	0.000M			
<b>County</b>	(017)BONNER-100%											
<b>SF Cost Effective</b>			<b>Cong. District</b>	1	<b>FHWA Oversight</b>	A	<b>RW Date</b>		<b>Env Date</b>		<b>Env Type</b>	
<b>Indian Res.</b>			<b>Public Land</b>			<b>Forest Hwy</b>						
<b>Appr. Code</b>	<b>Calc</b>	<b>Total Est. Cost</b>	<b>Federal Share</b>	<b>State Share</b>	<b>Other Share</b>	<b>Total This Issue</b>	<b>Fed Aid This Issue</b>					
Q400	90.00	43,000.00	38,700.00	0.00	4,300.00	24,000.00	21,600.00					
		43,000.00	38,700.00	0.00	4,300.00	24,000.00	21,600.00					

<b>Type Code</b>	G	<b>Type of Work</b>	ENVIRONMENTAL PRESERVATION				<b>Rule A</b>	<b>Rule E</b>
<b>Fct.</b>	<b>Date</b>	<b>ImpTyp</b>	<b>Description</b>	<b>App.</b>	<b>Participating</b>	<b>Non-Part.</b>		
PC	11-07-01	15	Contract Work	Q400	43,000.00	0.00		

**Remarks:** This project is being revised to increase total cost by \$24,000.00 (FA-\$21,600.00) from Q40 funds to cover additional PC.

Offset is from decreased CE on this project

<b>Fund</b>	<b>Federal Aid Limit</b>
CMAQ (L)	319,600
<b>Other Name</b>	
SANDPOINT	

<b>Prepared By/Date</b>	<b>Approved By/Date</b>	<b>RD Reviewed By/Date</b>	<b>HP Reviewed By/Date</b>
Don Davis	Jim Roletto	Dee Moffat	ne
10/8/2002	10/8/2002	10/10/2002	10/10/2002

Federal Projects: The State stipulates that (1) it accept and will comply with the agreement provisions set forth in 23 CFR 630.307, and (2) the signature below constitutes the making of the certifications set forth in 23 CFR 630.307.

# Board Agenda Item



Meeting Date \_\_\_\_\_

Amount of Time Needed for Presentation \_\_\_\_\_

Presenter's Name	Presenter's Title	Initials
Preparer's Name	Preparer's Title	Initials

**Subject**

Route Number	Project Number	Key Number
District	Location	

**Background Information**

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**Recommendations**

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**Board Action**

<input type="checkbox"/> Approved <input type="checkbox"/> Deferred _____
<input type="checkbox"/> Other _____

# Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 3-02)

Idaho Transportation Department



This page must be filled out monthly by the Consultant and forwarded to the Agreement Administrator with the monthly invoice. If necessary, attach additional sheets for continuation.

Progress Report No.	Project No.	Date
Agreement Administrator	Key No.	Agreement No.
Consultant	Project Name	
Report/Billing Period (From and To)	PSA No.	Invoice No.
Description of Work Accomplished During the Month		
Summary of Work Completed to Date (Milestones Completed and Dates)		
Information Required from ITD to Avoid Delays		
List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments		
Consultant's Signature	Printed Name and Title	

# Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 3-02)

Idaho Transportation Department



This page must be filled out by the Agreement Administrator.

Work Authority No.	Progress Report No.	Key No.	Agreement No.
Report Reviewed By		Review Date	
The Following was Initiated			

## Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

Agreement	Time Passed	Percent of Agreement Time Elapsed %		Percent of Work Completed %
Original Agreement \$	Supplemental(s) \$	Current Agreement \$	Payments (Including this Payment) \$	Percent of Agreement Dollars Paid %
<b>Fixed Fee</b>				
This Invoice	To Date	Negotiated		
\$	\$	\$		
If There is a Significant Variance Between the Percentages, Please Explain				
Consultant Invoice No.		This Payment Amount \$		

☐ **Progress Payment:** I certify that the Agreement provisions have been reviewed, the invoice amount checked, progress is substantiated, significant material expenses have support documentation (receipts), and the costs billed are project related and represent the work accomplished. I hereby approve the progress estimate for payment.

☐ **Final Payment:** I certify that all work under the terms of the Agreement has been satisfactorily completed, any capital assets acquired have been delivered or value received, an affidavit of indebtedness received, and the project reviewed or audited and costs verified for work performed. I hereby approve final payment under the Agreement.

Agreement Administrator's Signature	Date	Second (Independent) Reviewer's Signature
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## **CONSULTANT SERVICES**

### **Performance Evaluation Instructions**



#### **Why**

Scores from these evaluations factor into “Past Performance” ratings, which are used to help determine selection of future consultants. Meaningful evaluations help us hire the very best.

#### **How**

- Form should be reviewed and discussed with the Consultant during contract negotiations to establish your expectations.
- Supplementary forms are available from the Consultant Administration Unit. Further details about the considerations for each criteria (i.e., Schedule: a. Achieved schedule; b. Prompt response to review comments; c. Adapted to changes by ITD; d. Notified ITD early, regarding schedule impacts) are available.
- Score accurately. A “4” is respectable; “5” is exceptional and should be rarely used.
- Send form to Consultant for signature after evaluation totals are completed.

#### **When**

##### **Final Evaluation**

- Always complete and distribute a performance evaluation at the point of termination of the agreement.
- Distribute as noted on the bottom of the form.
- Meet with consultant if evaluation is below requirements.

##### **Subconsultant Evaluation**

- Subconsultants with significant project participation (more than \$25,000) should also be evaluated. Coordinate review with the prime consultant’s review prior to distribution.
- Distribute the same as regular reviews and include the prime consultant and subconsultant.
- When assessing the schedule completion, address ITD delays if any.

## CONSULTANT SERVICES PERFORMANCE EVALUATION

Name and Address of Consultant		Evaluation Type <b>Y</b> Consultant <b>Y</b> Subconsultant		
		Project No.		Key No.
		Project Title		
Type of Work <b>Y</b> Study <b>Y</b> Right of Way <b>Y</b> Design <b>Y</b> Other (Specify)		Agreement Number		
		Type of Agreement <b>Y</b> Lump Sum <b>Y</b> Other <b>Y</b> Cost Plus Fixed Fee		
Complexity of Work <b>Y</b> Difficult <b>Y</b> Routine	Date Agreement Approved			
Amount of Original Agreement \$	Total \$	Amount	Supplementals	Total Agreement Amount \$
Agreement Completion Date including Extensions	Actual Completion Date		Actual Total Paid \$	
Type and Extent of Subcontracting			COMMITTED % DBE Goals _____	
Performance Rating Scale (from Average Score below)				
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <u>5</u> Superior         </div> <div style="text-align: center;"> <u>4</u> Above Requirements         </div> <div style="text-align: center;"> <u>3</u> Meets Requirements         </div> <div style="text-align: center;"> <u>2</u> Below Requirements         </div> <div style="text-align: center;"> <u>1</u> Poor         </div> </div>				
Criteria		Comment		Score
1. Negotiations and Cost/Budget Cooperative and responsive Completed within agreement budget including supplements				
2. Schedule Completed within agreement schedule including supplements				
3. Technical Quality Met standards				
4. Communications Clear, concise communication (oral, written, drawings)				
5. Management Team player, managed subs, accurate and timely invoices, appropriate periodic progress reports				
6. DBE (to score use only 2, 3, or 4) Met goals				
Total Score				
Average Score (total score ÷ number of criteria rated)				
Rated by (Agreement Administrator Name and Title)		Agreement Administrator Signature		Date
Rated by (Consultant Representative Name and Title)		Consultant Representative Signature		Date
Review by (Consultant Administration Unit Name and Title)		Consultant Administration Unit Signature		Date

Distribution: Original: Consultant Administration Unit; Copies: Agreement Administrator, Consultant

## CONSULTANT PERFORMANCE EVALUATION CRITERIA

Name of Consultant	
Project	Agreement No.
1. Negotiation And Cost/Budget Criteria	Score
A. Recognized ITD guidelines for overhead and fee	
B. Finished within budget, including supplements	
C. Appropriate level of effort	
D. Reasonable, direct, non-salary expenses	
E.	
Total	
Average Score (total score ÷ number of criteria rated)	
2. Schedule Criteria	Score
A. Met negotiation schedule	
B. Achieved schedule, including all supplements	
C. Prompt response to review comments	
D. Adapted to changes by ITD	
E. Notified ITD early regarding schedule "impactor"	
F.	
Total	
Average Score (total score ÷ number of criteria rated)	
3. Technical Quality Criteria	Score
A. Work products meet standards where "practical" and as negotiated on the scope of work	
B. Performed appropriate quality control	
C. Responds to review comments in subsequent submission	
D. Sought opportunities to incorporate innovative designs	
E. Delivered "compatible" electronic files	
F. Implemented procedures to control construction cost	
G.	
Total	
Average Score (total score ÷ number of criteria rated)	

## CONSULTANT PERFORMANCE EVALUATION CRITERIA

Name of Consultant	
Project	Agreement No.
4. Communication Criteria	Score
A. Produced clear, concise, oral and written communications	
B. Demonstrates an understanding of oral and written instructions	
C. Communicated at intervals appropriate for the work	
D. Respects and uses acceptable lines of communication	
E. Open and honest communications	
F.	
Total	
Average Score (total score ÷ number of criteria rated)	
5. Management Criteria	Score
A. Provided effective cost control measures/ideas	
B. Submitted appropriate, periodic, accurate progress reports	
C. Accurate and timely invoices	
D. Conducted meetings efficiently	
E. Limited the number of consultant -initiated contract modifications/supplementals	
F. Coordinated with ITD effectively; was a "team player"	
G. Responsiveness	
H. Managed subconsultants effectively	
I. Adheres to schedule on time	
J.	
Total	
Average Score (total score ÷ number of criteria rated)	
Additional Comments (Optional)	

# PROFESSIONAL SERVICE AGREEMENTS HANDBOOK CHANGE REQUEST

*Please complete for any proposed changes and send to the Consultant Administration Unit.  
When modifications are of a sufficient number, the handbook shall be revised and submitted to FHWA for approval.*

[illegible]